DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/05/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
		155677	B. WING			1	R / 31/2014	
NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER				72	REET ADDRESS, CITY, STATE, ZIP CODE 5 BELL TRACE CIR LOOMINGTON, IN 47408	1 01.	01/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	Code Recertification a conducted on 12/11/1 Indiana State Departra accordance with 42 C Survey Date: 01/31/2 Facility Number: 002 Provider Number: 15 AIM Number: NA Surveyor: Lex Brash Specialist At this PSR survey, E Center was found in C Requirements for Par CFR Subpart 483.70(the 2000 edition of the Association (NFPA) 1 and 410 IAC 16.2. TI surveyed with Chapter Occupancies.	it (PSR) to the Life Safety and State Licensure Survey 13 was conducted by the ment of Health in CFR 483.70(a). 14 2574 35677 ear, Life Safety Code Bell Trace Health and Living compliance with rticipation in Medicare, 42 (a), Life Safety from Fire and e National Fire Protection 01, Life Safety Code (LSC) the original building was er 19, Existing Health Care was determined to be of	{K C	000}	DEFICIENCY)			
	with hard wired smok in spaces open to the sleeping rooms. The and had a census of All areas where resid were sprinklered. All	lity has a fire alarm system e detectors in the corridors, e corridors, and in all resident facility has a capacity of 80 73 at the time of this survey. ents have customary access areas providing facility ered, except a wooden shed e storage.						
L ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATU	RF		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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						R	
		155677	B. WING			01/	31/2014
NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER				7:	TREET ADDRESS, CITY, STATE, ZIP CODE 25 BELL TRACE CIR 31 LOOMINGTON, IN 47408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOU		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	BE COMPLETION	
{K 000}	Continued From page 1		{K 000}				
{K 000}	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/04/14. INITIAL COMMENTS		{K 0	000}			
	Code Recertification a						
	Survey Date: 01/31/14 Facility Number: 002574 Provider Number: 155677 AIM Number: NA						
	Surveyor: Lex Brasho Specialist	ear, Life Safety Code					
	Center was found in a Requirements for Par CFR Subpart 483.70(the 2000 edition of the Association (NFPA) 1 and 410 IAC 16.2. The addition and the 2010	rticipation in Medicare, 42 (a), Life Safety from Fire and e National Fire Protection (01, Life Safety Code (LSC) he 2008 Physical Therapy O Rehab Addition at the end surveyed with Chapter 18,					
	Type V (111) construct sprinklered. The facil with hard wired smokin spaces open to the sleeping rooms. The	was determined to be of ction and was fully lity has a fire alarm system the detectors in the corridors, a corridors, and in all resident facility has a capacity of 80 resident street that the time of this survey.					

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		155677	B. WING			R 01/31/2014		
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	31/2014	
DELL TD4	OF HEALTH AND LINGH) OF UTED		7	25 BELL TRACE CIR			
BELL TRACE HEALTH AND LIVING CENTER				E	BLOOMINGTON, IN 47408			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROI DEFICIENCY)		BE COMPLETION		
{K 000}	Continued From page 2		{K 0	000}				
	were sprinklered. All	ents have customary access areas providing facility ered, except a wooden shed e storage.						